



A DOCPHOENIX

APPL PARTS

IMIS _____
Internal Misc. Paper
LET. _____
Misc. Incoming Letter

371P _____
PCT Papers in a 371 Application

A... _____
Amendment Including Elections

ABST _____
Abstract

ADS _____
Application Data Sheet

AF/D _____
Affidavit or Exhibit Received

APPENDIX _____
Appendix

ARTIFACT _____
Artifact

BIB _____
Bib Data Sheet

CLM _____
Claim

COMPUTER _____
Computer Program Listing

CRFL _____
All CRF Papers for Backfile

DIST _____
Terminal Disclaimer Filed

DRW _____
Drawings

FOR _____
Foreign Reference

FRPR _____
Foreign Priority Papers

IDS _____
IDS Including 1449

NPL _____
Non-Patent Literature

OATH _____
Oath or Declaration

PET. _____
Petition

RETMAIL _____
Mail Returned by USPS

SEQLIST _____
Sequence Listing

SPEC _____
Specification

SPEC NO _____
Specification Not in English

TRNA _____
Transmittal New Application

OUTGOING

CTMS _____
Misc. Office Action

1449 _____
Signed 1449

892 _____
892

ABN _____
Abandonment

APDEC _____
Board of Appeals Decision

APEA _____
Examiner Answer

CTAV _____
Count Advisory Action

CTEQ _____
Count Ex parte Quayle

CTFR _____
Count Final Rejection

CTNF _____
Count Non-Final

CTRS _____
Count Restriction

EXIN _____
Examiner Interview

M903 _____
DO/EO Acceptance

M905 _____
DO/EO Missing Requirement

NFDR _____
Formal Drawing Required

NOA _____
Notice of Allowance

PETDE _____
Petition Decision

INCOMING

AP.B _____
Appeal Brief

C.AD _____
Change of Address

N/AP _____
Notice of Appeal

PA. _____
Change in Power of Attorney

REM _____
Applicant Remarks in Amendment

XT/ _____
Extension of Time filed separately

File Wrapper

FWCLM _____
File Wrapper Claim

IIFW _____
File Wrapper Issue Information

SFRW _____
File Wrapper Search Info

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09877140

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	6
INDEPENDENT CLAIMS	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	355.00	BASIC FEE	710.00
X\$ 9=		X\$18=	108
X40=		X80=	160
+135=		+270=	
TOTAL		TOTAL	973

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

FORM PTO-875
(Rev. 8/00)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

U.S. GPO: 2000-460-706/20103

Internal

ECBOX _____
Evidence Copy Box Identification

SRNT _____
Examiner Search Notes

WCLM _____
Claim Worksheet

CLMPTO _____
PTO Prepared Complete Claim Set

WFEE _____
Fee Worksheet